PTO/SB/06 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10/065,594 OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY **SMALL ENTITY** (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE **RATE FEE FEE** BASIC FEE \$ 370 OR (37 CFR 1.16(a)) TOTAL CLAIMS 68 minus 20 = 48 0 432 OR 9 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS 7 minus 3 = 4 0 42= 168 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 0 OR = 970 TOTAL 0 TOTAL OR \* If the difference in column 1 is less then zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II OTHER THAN **SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-K REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA FEE** FEE AMENDMENT PAID FOR Total OR Minus 0 58 68 0 0 (37 CFR 1.16(c)) OR Independent Minus 2 7 0 0 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL TOTAL n OR 0 (Column I) ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-Ω REMAINING NUMBER PRESENT RATE TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total OR 0 0 Minus (37 CFR 1.16(c)) OR Independent \*\*\* Minus 0 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL TOTAL 0 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE TIONAL** TIONAL **AMENDMENT RATE AFTER PREVIOUSLY EXTRA FEE** FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) OR Minus 0 0 OR Independent Minus 0 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL TOTAL OR 0 0 ADDIT. FEE ADDIT. FEE

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.